

RECEIPT

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)
Douglas B. Moran)
Application No. 09/651,439)
Filed: August 30, 2000)
For: SYSTEM AND METHOD FOR DETECTING)
COMPUTER INTRUSIONS)

Examiner: Unassigned

Art Unit: 2131

November 8, 2000

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on November 8, 2000.

Signed:

Jennifer C. Cross
Jennifer C. Cross

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
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Sir:

Enclosed is a copy of the Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

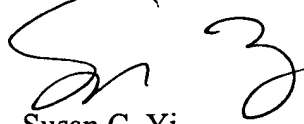
Change the Applicant "Douglas B. Morgan, Residence Not Provided;" to --
"Douglas B. Morgan, Palo Alto, CA;" --.

Change the Continuing Data as Claimed by Applicant "THIS APPLN CLAIMS BENEFIT OF 60/151,531 08/30/1999" to -- "THIS APPLN CLAIMS BENEFIT OF 60/151,531 08/30/1999 AND 09/615,967 07/14/2000" --.

Attorney Docket No. RECOP011

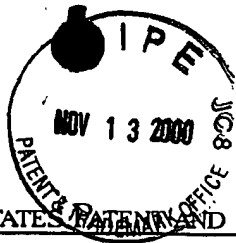
Since this is a Patent Office typographical error, no fee should be due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account 50-0685 (Order No. RECOP011).

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'Susan C. Yi', written over a horizontal line.

Susan C. Yi
Reg. No. 39,883

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/651,439	08/30/2000	2131	0	RECOP011	11	17	3

21912
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OC000000005489581

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)Douglas B. Morgan, ~~Residence Not Provided~~
Palo Alto, CA;**Continuing Data as Claimed by Applicant**THIS APPLN CLAIMS BENEFIT OF 60/151,531 08/30/1999
AND 09/615,967 07/14/2000**Foreign Applications**

If Required, Foreign Filing License Granted 10/19/2000

Title

System and method for detecting computer intrusions

Preliminary Class

713

Data entry by : MIDDLETON, MATTIE

Team : OIPE

Date: 10/20/2000



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Bib Data Sheet

SERIAL NUMBER 09/651,439	FILING DATE 08/30/2000 RULE -	CLASS 713	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. RECOP011
APPLICANTS Douglas B. Morgan, Palo Alo, CA ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/151,531 08/30/1999 AND A CON OF 09/615,967 07/14/2000 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/19/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 17
INDEPENDENT CLAIMS 3				
ADDRESS 21912				
TITLE System and method for detecting computer intrusions				
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	